L22000283093

_____
(Requestor's Name)

_____
(Address)

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(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

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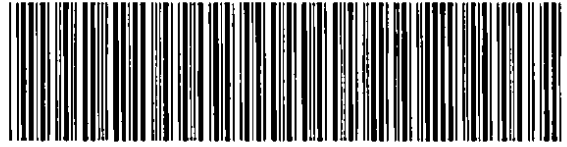(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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TALLAHASSEE, FL

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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KID PROCESS

(850)7274363

COVER LETTER

TO: **New Filing Section**
       Division of Corporations

       3181 Sunrise, LLC
SUBJECT: _____
                Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Ainsworth, Esq.
_____
                   Name of Person

Ainsworth & Clancy, PLLC
_____
                   Firm/Company

801 Brickell Avenue, 8th Floor
_____
                   Address

Miami, FL 33131
_____
              City/State and Zip Code

info@business-esq.com
_____
    E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Ainsworth   305   600-3816
_____ at (_____) _____
    Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

■$125.00 Filing Fee   ☐$130.00 Filing Fee &   ☐$155.00 Filing Fee &   ☐$160.00 Filing Fee,
                 Certificate of Status   Certified Copy   Certificate of Status &
                               (additional copy is enclosed) Certified Copy
                                             (additional copy is enclosed)

Mailing Address	**Street Address**
New Filing Section	New Filing Section Division
Division of Corporations	The Centre of Tallahassee
P.O. Box 6327	2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

3181 Sunrise, LLC
      (Must contain the words "Limited Liability Company. "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3181 NW 94th Way
Sunrise, FL 33351

Mailing Address:

3181 NW 94th Way
Sunrise, FL 33351

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ainsworth & Clancy, PLLC
              Name

801 Brickell Avenue, 8th Floor
Florida street address (P.O. Box **NOT** acceptable)

Miami   FL   33131
    City   State   Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR   Maria Isabel Sanchez
3181 NW 94th Way
Sunrise, FL 33351

MGR   Javier Andres Sanchez
3181 NW 94th Way
Sunrise, FL 33351

(Use attachment if necessary)

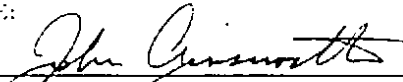ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

John Ainsworth - Legal Representative
Typed or printed name of signee

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

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